HEALTH SERVICES ADMINISTRATION
PMO 526 HEALTH SYSTEMS

Assessing and Improving Health Systems

Paper #6

Purple People Protectors

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Question: Although the United States is generally perceived to have one of the best healthcare systems in the world, it was rated 37th among 191 ranked nations by the World Health Organization (WHO) in 2000. The Institute of Medicine (IOM) reported that many people are fatally injured by medical errors, and has called for sweeping changes in the healthcare delivery system. Assuming that American Medicine would benefit from improvement, what do you believe are the right approaches to make changes in the safety and effectiveness of health care delivery?

Improving the quality of the American healthcare system faces enormous challenges, perhaps beyond what stakeholders are willing or able to overcome at the present time. Nevertheless, maintaining the status quo would be an unacceptable alternative, as this would continue to harm those impacted by the burden of quality problems that currently plague the healthcare system. Given this premise, fundamental changes in the organization and delivery of medical care must be instituted in order to improve its safety and effectiveness.

As the WHO report illustrates, the definition of "quality healthcare" is subject to varied individual and national opinions. In other words, quality is in the eye of the beholder. Thus, a single approach to improve the quality of healthcare would fail to address the needs and expectations of all stakeholders. The following discussion will attempt to address multiple components of healthcare quality, i.e., the six dimensions as outlined by the IOM report, as a means of addressing many of these varied perspectives and differing expectations. Note that many problems addressed under one dimension of healthcare quality may not be specific to that dimension. Furthermore, recommendations listed under a particular component of healthcare quality may apply to other components as well.

Safety

Patient safety is one important quality issue brought to national attention in recent years by the IOM report. The fragmented nature of the current healthcare system serves as a major impediment to assuring patient safety, particularly among those with chronic or complex medical conditions who often receive care among multiple providers across different healthcare settings. Incomplete medical information among providers can result in poorly coordinated care and subsequent errors. Medical records may lack information regarding patients' current medications, past or present medical conditions, or drug allergies. Thus, a provider may inadvertently prescribe a medication resulting in an adverse drug interaction, for example. Frequently, traditional health records cannot be obtained in a timely manner. Furthermore, when paper records are available, they are often illegible, poorly organized, or incomplete, proving themselves "archaic, unhelpful, wasteful, unsafe, and embarrassing."

Making effective use of computer technology is one means of reducing medical errors due to such problems. Somewhat like the system utilized within the Department of Defense, a centralized computer infrastructure would allow timely access to complete medical information, flag potential drug allergies, and allow prescriptions to be cross-checked with other orders, thus preventing harmful drug interactions. Furthermore, computer-based information systems can provide patients with written drug information to enhance compliance and clarify dosing instructions, thus minimizing errors committed by patients.

Computerized medication order entry, electronic medical records with complete personal health information, sharing of clinical information among providers – all have the potential means of preventing medical errors, thus improving the quality of healthcare delivery. However,

as in the discussion of HIPAA and administrative simplification, the enormous resources and capital investment required to establish a widespread, centralized computer system would prove the most challenging obstacle. Nonetheless, the potential benefits of such a system may far outweigh the costs given the immeasurable value that can be placed on the many lives lost or harmed as a result of medical errors.

Moreover, current payment systems have the potential to compromise patient safety. In a fee-for-service system, for example, profits to providers and health organizations are dependent on the volume of services provided. Consequently, there exists a concern about the potential overuse of unnecessary or even harmful interventions. The same can be said of the practice of defensive medicine in the current atmosphere of malpractice litigation. On the other hand, capitation and other cost-containment strategies raise concerns about potential underuse of services. In a cost-conscious environment, patients may fail to receive necessary care, leaving them vulnerable to potentially worse outcomes. Although neither payment policy fully espouses patient safety, aligning financial incentives to reward quality management would be a step toward payment reform that would enhance patient safety as well as quality improvement overall. Providers compensated for better patient outcomes, adjusted for severity or complexity of cases, should be reflected in payment schemes, rather than financial rewards based on cost savings or volume of services rendered.

With regard to medical liability, malpractice litigation arguably advances healthcare quality by promoting a positive climate of heightened awareness regarding patient safety. However, the threat of litigation and high cost of malpractice can also be said to promote a negative climate of fear and secrecy. True, there is still a need for a system to hold providers and healthcare organizations accountable for negligence or incompetence while compensating victims of medical error. However, tort reform may be a step toward encouraging a healthcare culture that is more open and honest about its performance and shortcomings. Capitating awards, setting realistic standards of care, promoting a culture that encourages identification of errors solely for the purpose of preventing future ones, and incorporating standardized, formal patient safety programs within healthcare delivery systems, would serve to shape professional norms and public expectations regarding patient safety.

Effectiveness

Effective healthcare delivery presumes that care should parallel scientific knowledge. Unfortunately, variations in medical care from one setting to another and between different providers prevail. This has generated concern about the "overuse of ineffective care" and "underuse of effective care." Furthermore, the rapid progress of medical technology and the explosion of available medical information have far exceeded providers' ability to absorb the tremendous volume of information needed to stay current. Consequently, unsound or outdated clinical decisions are frequently made. Not only can effectiveness of medical care be compromised in terms of poor patient outcomes, but such inconsistency in medical practice also results in wasted resources, inefficient use of time, medical errors and potential harm, and ultimately a lack of public confidence in the healthcare delivery system as a whole.

The expansion of evidence-based medicine would be one significant means of improving the effectiveness of healthcare. The use of clinical practice guidelines (CPGs) at a national level, i.e., the "best practice" of care based on the best scientific and clinical information available, has the potential to decrease variations in clinical practice by standardizing and streamlining clinical decision making. CPGs offer a tremendous benefit to providers by consolidating a vast

knowledge base which providers would not otherwise be able to completely assimilate. With regard to provider requirements to stay current, CPGs would offer a practical means of awarding credits in Continuing Medical Education (CME) while educating providers on the latest in evidence-based medicine. A computer infrastructure within the healthcare delivery system would further enhance this benefit by making this information readily available to providers. Although there exists some concern that CPGs would infringe on professional autonomy and relegate the "art of medicine" to the "science of medicine," CPGs should be viewed merely as guidelines, and not mandatory policy. Healthcare providers would still be afforded flexibility in clinical decision making, particularly in light of patient preferences.

Identifying gaps between actual and optimal care as defined by CPGs will require some standardized means of measuring quality. Furthermore, measures are also needed to objectively assess efforts undertaken to improve the effectiveness of healthcare quality improvements, to allow meaningful comparisons of quality between various healthcare systems, and to base competition on the value of quality and cost rather than cost alone. However, due to the lack of consensus on the fundamental components of quality, the traditional use of hospital utilization data to assess healthcare quality has been subject to much criticism. This indicates the need for "a more sophisticated, extensive, and informative measurement" of performance and outcomes, perhaps measures that focus on the six aims as outlined in this discussion. Nevertheless, the variability of opinions among various healthcare facilities, organizations, and providers makes a consensus on standard, valid quality measures unlikely in the near future.

Effectiveness of care also encompasses the need for comprehensive patient care. Disease management with emphasis on prevention is not a new concept. Many managed care organizations, for example, have placed importance on this aspect of healthcare. However, many organizations use punitive means for controlling utilization rather than quality incentives, and so some may argue that managed care is not truly in the business of managing healthcare or population health. This alludes to a need for quality incentives as a more appropriate means of improving the healthcare performance, not only in managed care organizations, but also across all healthcare settings. To this end, rewarding good management vice cost savings or large number of patient visits, as mentioned previously, would be an effective approach. Additionally, other approaches would serve to improve the effectiveness of comprehensive care: incorporating into general practice, CPGs that address the priority health conditions, i.e., the chronic diseases of the greatest public health burden; using computer technologies to assist providers in accessing and synthesizing evidence-based knowledge; and establishing a system of electronic health records and computer-assisted communication to aid in coordinating care among different providers and across different healthcare settings.

Timeliness

Largely due to cost-containment efforts, the current organization of healthcare delivery often translates to long patient waiting times. Healthcare providers are frequently pressed to see more patients with no additional, if not less, resources, resulting in brief allotted appointment times and long wait in outpatient waiting rooms. Despite increasing patient volumes, there frequently exist problems with extended length of time between clinic visits, possibly causing unnecessary delays in patients who require more immediate care. Moreover, there also exist problems with efficient use of time during patient-provider encounters.

To address the issues of timeliness, adequate time must be devoted to patient-provider interactions. The practice of utilizing physician extenders (e.g., physician assistants and nurse

practitioners) to care for routine patient needs can be expanded, meeting the needs of those patients in a more timely fashion while allowing physicians more time for difficult patients with greater needs. An additional approach would entail expanding the number of ancillary support staff to complete routine administrative tasks that would otherwise be required of physicians, such as reviewing preventive maintenance checklists, updating medication lists and drug allergies, entering data into the centralized computer system, etc.. This would allow more time for providers to establish a therapeutic alliance with their patients and to develop the rapport required of a "continuous healing relationship."

Clinical pathways in sequencing work to maximize efficiency of the workflow as well as evidence-based practice are additional means of improving the timeliness of care. As discussed previously, the efficiency afforded by computer information systems would prove invaluable. Timely access to medical information through electronic medical records, rapid and easy access clinical practice guidelines, and an effective system of communication to better coordinate care among providers can aid in minimizing unnecessary delays in the delivery of patient care.

Patient-centeredness

The WHO report ranked the U.S. first in "responsiveness to the expectations of the population … respect for the dignity of individuals." However, current trends in cost-containment threaten to limit patient choices. Employers have curtailed the breadth of services offered in their health plans; managed care programs have resulted in less time devoted to patient-physician interactions, less personal connection and involvement; and as discussed previously, patients in need of necessary services may fail to receive them in the face of cost-containment strategies. Adding to the burden, the portent of baby-boomers joining the ranks of senior citizens has generated concern that the healthcare system has not planned adequately for the potential needs and expectations of an aging population.

In light of these trends, patient-centered care may well fall by the wayside. To ensure that patient values, preferences, and needs guide clinical decisions, patients must be allowed to have a degree of control over the management of their care. Firstly, they must be given the necessary information about their medical condition and available treatment options to make appropriate decisions that ultimately affect them. Although web-based information may facilitate patients' knowledge and participation in their disease management, they are also an enormous source of misinformation. Healthcare providers can enhance patient education through effective communication, thus filtering erroneous information. As mentioned, making effective use of time spent during clinic visits would prove helpful in meeting this end as would using nontraditional patient encounters which are discussed below.

Secondly, patients should be allowed a make informed decisions regarding the selection of health plans, hospitals, and even providers. This approach would rely heavily on information technologies so as to make publicly available healthcare information on a particular system's safety performance, use of evidence-based practice, patient satisfaction, and other indices of healthcare quality. This approach presumes that some standardized measures of quality exist. As mentioned in reference to the WHO report, a consensus on what quality measures need to be instituted will not likely be achieved in the near future. Nonetheless, the presence of various quality measures that can be used in the comparison of healthcare systems would still allow individual patients to decide for themselves what they deem important in their care.

Lastly, another approach to improving patient-centeredness would require that providers utilize nontraditional methods for patient interactions, such as care provided by telephone or over

the Internet. The benefits of this approach reside in the presumption that the more knowledge that patients have about their condition, the more compliant they will likely be with their treatment. Again, the benefits of computer-based communication and information systems cannot be overemphasized in this regard. Patients would have direct access to their providers during non-office hours; caregivers could provide patient education including links to Web-based healthcare information; an individual patient's needs could be better met by enhancing communication between patient and clinician. However, current payment methods must align themselves such that providers are compensated for care rendered through these routes. Reliance on provider motivation may not suffice. Without financial or other rewards, many providers will have little incentive to invest the additional time and effort required to offer care outside of clinic hours.

Efficiency

As has been emphasized throughout this course, healthcare reform equates to healthcare financing reform. In other words, the reduction of waste -- including resources, time, and effort – ultimately equates to the reduction of the total cost of care. The aforementioned approaches to improving healthcare as applied to the previous dimensions of quality would all effectively serve to increase efficiency within the healthcare delivery system. For instance, disease management can lead to the reduction of long-term complications, thus lowering costs. Automating clinical, financial, and administrative transactions would lead to quicker access of medical information, more timely transfer of information, thus improved efficiency and, ultimately, cost-savings.

Some would argue that investing more capital in healthcare would solve the ills of the current system. The expectation would be that the more capital spent would equate to better quality services, and subsequently, better outcomes. However, this would not serve to remedy the underlying problems plaguing the quality of healthcare delivery. The U.S. currently spends more on healthcare per capita than any other nation, but with no better outcomes in many instances (e.g., life expectancy, infant mortality). Although tremendous capital is required to institute changes in healthcare quality (e.g., establishing an infrastructure of computer information systems), perhaps the answer lies in alternative means of allocating healthcare resources, as discussed in previous modules. That is, finding the means to utilize resources more efficiently rather than increasing dollars spent may be the better approach to increasing efficiency within the healthcare delivery system.

Equity

There are several issues regarding equity that continue to plague the quality of healthcare delivery. Foremost concerns the limited access to healthcare for the unemployed, uninsured, and underinsured. For many without health insurance, care is often unobtainable except in emergencies. Furthermore, variations in the quality of care due to differences in socioeconomic status, geographic location, and other personal factors pervade. Despite cost-containment efforts, the rising cost of healthcare serves to widen this racial and ethnic gap in health status as well as the gap between the insured and uninsured.

As discussed in previous modules, national health insurance would arguably be an effective approach to providing universal healthcare access. However, rooted deep in American history is the strong public sentiment opposing government intervention and the belief that government regulation would result in less innovation and, ultimately, less incentive for quality improvement. But as healthcare costs continue to rise and more individuals find themselves

unable to pay for the cost of their healthcare, public sentiment may change. Revolutionary changes may well be required to remedy the crisis, and public outcry may sway policymakers in favor of a national healthcare system. In the near future, however, a national healthcare policy is unlikely, and less radical, short-term solutions will likely be sought.

As alluded to previously, the national commitment and financial support required to address improvements in healthcare quality pose a tremendous obstacle, particularly when some dimensions of healthcare quality are not highly valued by various stakeholders. Because no single approach offers an overall solution, the need for multiple solutions compounds the challenge. Fundamental restructuring of healthcare systems and generating the necessary resources to do so may prove daunting, if not impossible. Nevertheless, changes must and will likely occur, as maintaining the status quo will not be a viable option.